



Office Use:

Personal Financial Disclosure Statement

1. Statement Information (select one)

Type: New Amended

2. Filing Status & Time Period Covered (select one & insert time period)

A. Filing Status

- Annual Filer:** file from Jan 1 to Dec 31 of prior year (if no longer serving, enter the time period served), due by May 1
- Newly Appointed/Employed:** file for calendar year before start date, due within 30 days
- Incumbent Candidate:** file from Jan 1 of prior year to closing date for candidacy (may be longer than 12-month period), due within 14 days of closing date for candidacy
- New Candidate:** file for the 12-month period before the closing date for candidacy, due within 14 days of closing date for candidacy

B. Time Period Covered: From ___/___/___ to ___/___/___ (mm/dd/yyyy)

3. Filer's Information

Filer's name (First, Middle, Last)	Spouse's name (First, Middle, Last)
Mailing address	City/State/Zip
Dependent child(ren)'s name* (First, Middle, Last)	Dependent child(ren)'s name* (First, Middle, Last)
Political Subdivision or State Agency	Title (Position/Office Seeking)

Check if spouse is filing separate from yourself (if your spouse is not required to file a PFD, this statement MUST disclose his/her information).
*Includes all children, stepchildren, foster children and wards under the age of eighteen residing in the person's household and who receive in excess of 50% of their support from the person.

4. Employment

List the name and address of every employer from whom you, your spouse or dependent child(ren) received income of \$1,000 or more during the time period covered by this statement.

Employer Name	Employer Address/City/State/Zip	Person's name who received income
Employer Name	Employer Address/City/State/Zip	Person's name who received income
Employer Name	Employer Address/City/State/Zip	Person's name who received income
Employer Name	Employer Address/City/State/Zip	Person's name who received income

5. Sole Proprietorships

List each sole proprietorship owned by you, your spouse or dependent child(ren) during the time period covered by this statement.

Sole Proprietorship Name	Sole Proprietorship Address/City/State/Zip
Sole Proprietorship Name	Sole Proprietorship Address/City/State/Zip

6. General Partnerships, Joint Ventures

List each general partnership and joint venture in which you, your spouse or dependent child(ren) were a partner or participant during the time period covered by this statement, and the names of partners or co-participants unless such names and addresses are filed with the Secretary of State.

General Partnership or Joint Venture Name	Address/City/State/Zip	Nature of Business	Partner/Coparticipant's Name & Address	Party Involved
General Partnership or Joint Venture Name	Address/City/State/Zip	Nature of Business	Partner/Coparticipant's Name & Address	Party Involved

If additional space is needed, attach separate sheet.

7. Stocks, Bonds & Other holdings

EXCEPTIONS: » Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed. » Members of state boards or commissions uncompensated except for actual expenses or a per diem allowance do not have to report interest in publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system.

A. *Limited Partnerships, Closely-held Corporations:* List the name of any closely-held corporation/limited partnership in which you, your spouse, or dependent child(ren) own ten percent (10%) or more of any class of the outstanding stock or units during the time period covered by this statement.

_____	_____	_____	_____
Limited Partnership/Closely-held Corporation Name	Address/City/State/Zip	Nature of Business	Party Involved
_____	_____	_____	_____
Limited Partnership/Closely-held Corporation Name	Address/City/State/Zip	Nature of Business	Party Involved

B. *Publicly Traded Corporation or Limited Partnership:* List the name of any publicly traded corporation or limited partnership which is listed on a regulated stock exchange or automated quotation system in which you, your spouse or dependent child(ren) own two percent (2%) or more of any class of outstanding stock, units or other equity interests during the time period covered by this statement.

_____	_____
Corporation/Limited Partnership Name	Party Involved
_____	_____
Corporation/Limited Partnership Name	Party Involved

C. List the name and address of each entity in which you, your spouse or dependent child(ren) owned stock, bonds, or other equity interest with a value of more than \$10,000 during the time period covered by this statement. If the entity is a corporation listed on a regulated stock exchange, list the name only.

_____	_____
Entity Name	Entity Address/City/State/Zip
_____	_____
Entity Name	Entity Address/City/State/Zip

8. Miscellaneous Income

List the name and address of any source from which you, your spouse, or dependent child(ren) received \$1,000 or more during the time period covered by this statement. If income is from publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system and not reported elsewhere on this form, list the name only.

_____	_____	_____
Source of Income	Source Address/City/State/Zip	Person's name who received income
_____	_____	_____
Source of Income	Source Address/City/State/Zip	Person's name who received income

9. Real Property

List any real property owned by you, your spouse, or dependent child(ren), located in Missouri, other than personal residence, having a fair market value of \$10,000 or more during the time period covered by this statement. Include name and address of parties involved if property was transferred during the year covered by this statement. Missouri law defines three subclassifications: Subclass 1 – Residential, Subclass 2 – Agricultural, Subclass 3 – Commercial & any other real estate.

_____	_____	_____	_____	_____	_____
Location - County	Tax sub-class	Approx. size (acreage, sq footage, etc)	Major Improvements (Buildings, etc.)	Use of Property	Seller/Buyer Name and Address
_____	_____	_____	_____	_____	_____
Location - County	Tax sub-class	Approx. size (acreage, sq footage, etc)	Major Improvements (Buildings, etc.)	Use of Property	Seller/Buyer Name and Address

10. Corporations

List the name and address of each corporation for which you, your spouse, or dependent child(ren) served in the capacity of a director, officer or receiver during the time period covered by this statement.

_____	_____	_____
Corporation Name	Corporation Address/City/State/Zip	Person's name who served in this capacity
_____	_____	_____
Corporation Name	Corporation Address/City/State/Zip	Person's name who served in this capacity

If additional space is needed, attach separate sheet.

11. Associations, Organizations, Unions & Not-for-Profit Corporations

List the name and address of each association, organization, and union, whether incorporated or not, and each not-for-profit corporation in which you, your spouse, or dependent child(ren) was an officer, director, employee or trustee at any time during the time period covered by this statement. **Do not include** church, fraternal or service organizations where no pay was received.

_____ Name	_____ Entity Address/City/State/Zip	_____ General Purpose	_____ Party Involved
_____ Name	_____ Entity Address/City/State/Zip	_____ General Purpose	_____ Party Involved

12. Gifts, Honoraria

List the name and address of any source of gifts or honoraria valued at \$200 or more received by you, your spouse or dependent child(ren) during the time period covered by this statement. **Do not include** a gift from your spouse, child(ren), parent, grandparent, grandchild(ren), great grandparent, great grandchild(ren), brother, sister, aunt, uncle, niece or nephew.

_____ Donor's Name	_____ Donor's Address/City/State/Zip	_____ Person's name who received gift/honoraria
_____ Donor's Name	_____ Donor's Address/City/State/Zip	_____ Person's name who received gift/honoraria

13. Lodging and Travel

List lodging and travel expenses incurred by you, your spouse, or dependent child(ren) paid by a third person for expenses incurred outside Missouri whether by gift or in relation to the duties of the office during the time period covered by this statement. **Do not include** expenses paid in the ordinary course of business described in items 4, 5, 6, 7, or 10; expenses reimbursed by law, expenses paid by persons related by third degree of consanguinity or affinity, expenses reported under Chapter 130 RSMo, or expenses for purely personal travel not related to official duties and not paid for by a lobbyist, lobbyist principal, or officer, director of any association or entity which employs a lobbyist.

_____ Expenses paid by (name & address)	_____ Party Involved	_____ Date	_____ Amount	_____ Travel location	_____ Travel Reason
_____ Expenses paid by (name & address)	_____ Party Involved	_____ Date	_____ Amount	_____ Travel location	_____ Travel Reason

14. Trust Assets

If you, your spouse, or dependent child(ren), is the settlor (creator) of a revocable trust, list any assets in the trust that would have been reported elsewhere on this form, during the time period covered by this statement, if they had not been in the trust.

_____ Trust Assets	_____ Party Involved
_____ Trust Assets	_____ Party Involved

15. Relatives

List spouse, parent(s), child(ren) and child(ren)'s spouse who were employed, during the time period covered by this statement, by the State of Missouri, a political subdivision or special district, or who were lobbyists, or who were fee agents of the Department of Revenue.

_____ Relative's Name	_____ Relationship to filer	_____ Position/Title
_____ Relative's Name	_____ Relationship to filer	_____ Position/Title

16. Committees

List the name and address of each campaign committee, candidate committee, continuing committee/PAC, or political party committee from which any person or corporation listed on this statement received payment during the time period covered by this statement.

_____ Committee Name	_____ Committee Address/City/State/Zip	_____ Person's name who received payment
_____ Committee Name	_____ Committee Address/City/State/Zip	_____ Person's name who received payment

If additional space is needed, attach separate sheet.

17. State Tax Credits

List any state tax credits claimed on the most recent state income tax return. *(Only required to be listed by members of the general assembly or any state-wide elected public official, their spouse or dependent child(ren)).*

State Tax Credit Claimed

Person who received credit

State Tax Credit Claimed

Person who received credit

18. Signature (select one, sign & date)

- I affirm and attest under penalty of perjury that information and facts in this report, are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
- I affirm and attest under penalty of perjury that information and facts in this report, are complete, true, and accurate and that my spouse has refused or failed to provide information concerning his or her financial interest and that I have no working knowledge of such interests. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Filer's Signature (Required)

Date (mm/dd/yyyy)

If additional space is needed, attach separate sheet.